Application or Docket Number

	PATENT	APPLICATION Effect	ON FEE D	RD	NS-45045020							
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA TYP	ALL E	ENTITY	<i>3.50</i> OR	OTHER	R THAN ENTITY
TC	OTAL CLAIMS	· · · · · · · · · · · · · · · · · · ·	20				R	ATE	FEE	7	RATE	FEE
FC	OR		NUMBER	FILED	NUM	BER EXTRA	BAS	SIC FEE	E 385.00	OR	BASIC FEE	
тс	OTAL CHARGE	ABLE CLAIMS	20 mi	inus 20=	· 2		×	S 9=	†	OR	70.0	
INC	DEPENDENT C	LAIMS	2 m	ninus 3 =	10					7 1	You	
MU	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT						-	OR		-
* If	the difference	e in column 1 is	less than z	ero, enter	r "0" in	column 2		145=	 	OR	L	
		CLAIMS AS A		•		70.2	10	DTAL		OR		1:70
		(Column 1)	'WENDER	(Colum	mn 2)	(Column 3)	SM	IALL	ENTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER DUSLY	PRESENT EXTRA	R/	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=	X\$	9=		OR	X\$18=	
1ME	Independent	*	Minus	***		=	X	43=		OR	X86=	
	FIRST PRESE	ENTATION OF ML	JLTIPLE DEF	PENDENT	CLAIM				 	1 1		<u> </u>
						0	+14		<u> </u>	OR	+290= TOTAL	
		41					ADDIT.	TOTAL T. FEE		OR ,	TOTAL ADDIT. FEE	<u> </u>
\neg		(Column 1) CLAIMS	Т	(Colum		(Column 3)			·	• ,		
AMENDMENT B		REMAINING AFTER AMENDMENT		NUMB PREVIOU PAID F	BER DUSLY	PRESENT EXTRA	RA ⁻	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<u>8</u>	Total	<u>* </u>	Minus	**		=	X\$	9=	.	OR	X\$18=	
AME			Minus	***		=	X43	3=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							\dashv				_
							+14:	15= OTAL		OR	+290= TOTAL	
			ADDIT.			OR A	ADDIT. FEEL					
$\overline{}$		(Column 1) CLAIMS		(Columi		(Column 3)			· · ·			
MENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOL PAID FO	BER	PRESENT EXTRA	RAT		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
<u> </u>			Minus	**		= .	X\$ 9	9=		OR	X\$18=	
AME		<u></u>	Minus	***	لِـــــ	=	X43	3=		OR	X86=	
`'	FIRST PRESEN		+145	\dashv			+290=	1				
* If	the entry in colur	mn 1 is less than the mber Previously Paid	e entry in colur	mn 2, write *	'0" in coli	umn 3.	TO	DTAL		OR L	TOTAL	
	UIG Firegroupe	MODEL I LOTTOGOLIS	AFG BY III	JOHNUE 15 .	1622 mm.	20, enter 20.	ADDIT I	CCCI	· 1.	OU Y	DOIT EEE	4

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

TOTAL ADDIT. FEE

FORM PTO-875 (Rev. 10/03)